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Original Communication

Treating cocaine body packers: The unspoken personal risks

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Abstract

Cocaine trafficking is a significant problem that many Caribbean territories must face. "Body packing" is a common method of transport where the smugglers ingest several cocaine filled packages. Body packers may be taken to hospital when they are detained by law enforcement officers, but occasionally they present on their own or accompanied by persons other than the authorities. This scenario poses a difficult management dilemma in any jurisdiction. We describe our experience with one such case in Jamaica.

Keywords: Body packer; Body stuffer; Cocaine; Smuggler; Trafficker

1. Introduction

The high demand for cocaine in developed countries fuels the trade in many Caribbean territories.[1–6] Jamaica contributes to the problem by being a major trans-shipment port for cocaine.[2–4]

Body packing is a common method of transport where the smugglers ingest several cocaine filled packages.[1–3] Body packers may be taken to hospital when they are detained by law enforcement officers, but occasionally they present on their own or accompanied by persons other than the authorities. This scenario poses a difficult management dilemma. We describe our experience with one such case.

2. Case history

A 25-year-old woman presented to a hospital in Jamaica. She admitted to having ingested several packages of a drug she believed to be cocaine. However, she became nervous before boarding a flight to the United Kingdom and decided not to complete her trip. She was now concerned that 36 h after ingestion, she had not passed any of the drug packages although she reported no symptoms of cocaine toxicity. She came directly to hospital without presenting to any law enforcement agencies.

A decision was taken to admit the patient to hospital and report her presence to hospital security. During her hospitalization, she insisted that she wanted no visitors and that her location not be divulged to "anyone at all". Her admission was not divulged to the police at that time.

Physical examination was normal. Plain radiographs revealed the presence of homogenous opacities suggestive

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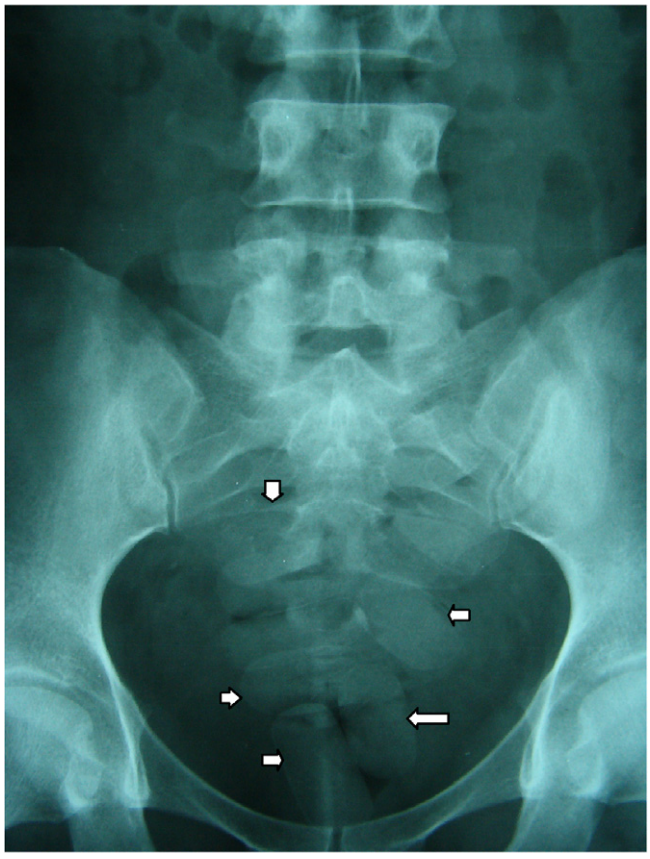

Fig. 1. Plain abdominal radiograph showing several cocaine pellets within the rectum and sigmoid colon (arrows).

of at least five packages at the recto-sigmoid region (Fig. 1). Glycerine suppositories were administered and she was managed expectantly.

During her hospitalization, several suspicious visitors attempted to ascertain her location in hospital. Hospital security officers were verbally abused and allegedly physically threatened when they refused to divulge this information. The incident was reported to the police, who made their presence visible at the hospital. There were no further visitations in hospital.

The patient eventually passed nine drug parcels that were handed over to the police (Fig. 2). The patient was then discharged in the custody of the police and did not present to hospital six weeks later for scheduled follow up.

3. Discussion

Body packing has become epidemic in Jamaica. In 2002, the British High Commission reported that there were approximately 30 body packers travelling on every flight from Kingston to London.[2] And recent reports from the United States Drug Enforcement Agency reveal that Jamaica alone is responsible for 30% of cocaine trafficking into the United States.[4]

Jamaica has a large population of financially underprivileged individuals.[5] Drug dealers target these persons

Fig. 2. Spontaneously expelled cocaine packages have been washed and packaged for submission to the law enforcement agents.

with the promise of enormous financial rewards.[2,4] Most body packers are cognizant of the associated medical risks and legal consequences accompanying this practice, but with payouts ranging from US $1,900 to $4,890 per trip,[2] they are willing to undertake these risks.

Some smugglers are unable to complete their deliveries because they develop a complication before arriving at their destination. They may develop bowel obstruction from pellet obturation or cocaine toxicity when the drug packaging ruptures.[3,8,9]

Body packers ingest an average of 1 kg of cocaine divided into several smaller packages containing 3–12 g each.[1,3] With the lethal dose of cocaine ranging from 1 to 3 g, rupture of even a single pellet may be fatal.[10–13] Exposure to non-lethal doses may cause myocardial infraction, ventricular fibrillation, intra-cranial haemorrhage and bowel necrosis.[14,15] These patients demand emergent drug evacuation to prevent continued exposure.[1,3,7,12,16] The symptomatic patients, being aware of medical risks, are usually cooperative with treatment regimens.

Occasionally, physicians may be faced with asymptomatic packers who are brought to hospital by authorities or seek treatment on their own. The principles for managing asymptomatic patients are to be vigilant and prepared in the event that a complication does arise. Because there are no symptoms present, these patients tend to be less cooperative.

Confirmation of the diagnosis is the first step. Historical information is likely to be unreliable, for obvious reasons. Cooperative patients may consent to physical examination and investigations, such as plain radiography to confirm pellets within the gastrointestinal tract.[1,17,18] The discrete homogenous radio-opaque densities seen in this patient's radiographs were characteristic (Fig. 2). Contrast radiography and computed tomographic scans have also been utilized, but are reserved for cases in which the diagnosis remains unclear after plain radiographs.[1,19,20]

Uncooperative body packers have the right to refuse any examination or investigation.[1] When this occurs they are

treated expectantly until they spontaneously pass the drug. The rationale is that non-obstructing pellets in the colon carry a low risk of rupture since there are few noxious enzymes in the colon and the pellets are subject to less turbulence buried within formed stool.[3] This is supported by reports that most cases of ruptured packaging occur with pellets in the stomach or small bowel.[3] Laxatives, high fibre diets, clear fluid diets and suppositories are also used to "treat" asymptomatic patients, but their benefit remains unproven.[21]

During expectant management in uncooperative patients, self-discharge should not be allowed.[1] This is not difficult to achieve when the packers are brought to hospital after being detained by law enforcement agents. Patients who seek medical care on their own have similar legal rights, but several unique problems now arise.

Physicians may be unwilling to discharge these patients who are still "packing" because of genuine concern for the patients' health. But without the authorities involved, any potentially violent protest by the patient or drug lord may be focussed on the hospital or medical staff. This is a significant personal risk considering reports that Jamaica now has the world's third highest homicide rate behind South Africa and Colombia, 50% of which were reprisal or drug-related killings.[22] Motive is readily appreciated with reports that 1 kg of cocaine at wholesale prices fetches between US $30,000 and $90,000 in European countries.[2]

This ties closely to the issue of reporting body packers who seek treatment on their own or who are brought for care by non-officials. We made a conscious decision not to report this patient to the authorities. Many persons share the view that there is insufficient concern to override the confidential alliance between physician and patient solely on the basis of the amount of illicit drugs involved.[1]

In 2003, the United States Department of Health and Human Services issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act, Public Law 104-191.[23] It states that "health care providers are permitted, but not required to, disclose protected health information without the patient's permission" to the authorities in order to "undertake an enforcement action". This includes data regarding "federally regulated products or activities" and "to inform law enforcement about the commission, nature, location, victims and perpetrator of any crime".[23] Although penalties are in place for violators,[23] the act does not mandate reporting to the authorities. There are no comparable regulations in Jamaica and any decision to disclose to authorities is one that is determined by physician's ethical viewpoint and guided by hospital policies.

Unreported cases bring another problem when it comes to handling the extracted drugs. Some hospitals have policies to address this issue that usually involve drug confiscation by hospital security and disposal by the pharmacist. But the policies are not universally in place at all institutions in Jamaica. Moreover, the "unauthorized" disposal of the expensive product may be viewed as a hostile action, especially in a small country where drug dealers can monitor the actions of the hospital staff and patient.

There are no reports in medical literature of violence focussed against medical staff in this type of scenario, but personal experience suggests it does occur in Jamaica. Most cases are not reported to the authorities because this may create a vicious cycle. The difficulty in extracting information from several local physicians who have treated these "walk in packers" seems to reinforce this theme.

4. Conclusion

Although the medico-legal consequences of body packing are well known, the non-custodial packer presents a unique challenge with less well documented risks for the physicians and hospitals responsible for their care. Physicians must be aware of the potential non-medical aspects of this problem. Policy makers must put adequate legal guidelines in place to guide the physicians and hospitals in this scenario.

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